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ABSTRACT

This paper describes a study that examined the relationship between two forms of adolescent narcissism and indicators of self-worth (positive adjustment and psychopathology) in a sample of 561 adolescents. School structure, academic performance, and school participation were also examined and mental health functioning was assessed by measures of internalizing and externalizing symptoms, assessments of self-worth, and measures of adjustment. Results show that males were more narcissistic than females on the narcissism factors Exploitativeness, Authority, Superiority, Vanity. Superiority and Exhibitionism emerged as two clear forms of narcissism with differential predictions of academic performance and mental health outcomes. Vanity and Authority were also positively related to mental health. Although narcissism was unrelated to school structure and school participation, 8th-graders who attended schools with a 7th-8th grade structure showed a number of adaptational advantages over 8th-graders attending schools with K-8 and 1-12 structures. The findings show that adolescent narcissism is a multidimensional construct which shows differential patterns of correlations with indices of adjustment and psychopathology. (RJM)

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The Two Faces of Narcissism and Adolescent Mental Health

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Abstract

The relationship between two forms of adolescent narcissism and indicators of self-worth, positive adjustment and psychopathology was examined in community sample of 561 adolescents drawn from grades 6, 8, 10, and 12. School structure, academic performance and school participation were also examined. Mental health functioning was assessed by measures of internalizing (depression, suicidal ideation) and externalizing (risk behaviors, substance use) symptoms, by multidimensional assessments of self-worth, and by measures of mastery/coping and superior adjustment. Results showed that males were more narcissistic than females on the narcissism factors Exploitativeness, Authority, Superiority, Vanity. Superiority and Exhibitionism emerged as two clear forms of narcissism with differential predictions of academic performance and mental health outcomes. Vanity and Authority were also positively related to mental health. Narcissism was unrelated to school structure and school participation. Subsidiary analysis of school structure data showed that 8th-graders who attended schools with a 7-8th-grade structure showed a number of adaptational advantages over 8th-graders attending schools with K-8 and 7-12 structures.

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The Two Faces of Narcissism and Adolescent Mental Health

It is well known that adolescence is associated with vast psychological and relational changes that pose significant adaptational challenges to young people. Fortunately, a large majority of teenagers cope with these challenges in appropriate ways. Indeed, for a majority of teens, the second decade of life is marked by an expansion of cognitive, social and adaptive capacities. Research has also indicated, however, that a significant minority of teenagers are vulnerable to clinically significant emotional and behavioral symptomatology that has enduring adverse effects on mental health well into early adulthood. Consequently, evidence of mental health disturbances in adolescence rightly commands the attention of school personnel, counselors and researchers. Whatsmore, it is often argued that even "normal" adolescent development is marked by profound narcissistic vulnerabilities, as the young person wrestles with questions of identity, self-worth, and the vicissitudes of shame, shyness and embarrassment. Indeed, narcissistic displays, heightened self-consciousness, touchy self-absorption, are thought to be endemic among adolescents. It is widely believed in the clinical literature that the management of narcissism may well differentiate normal from pathological adolescent development.

One clinical tradition (Kernberg, Fromm, Sullivan) suggests that various features of narcissism are mobilized as defensive, compensatory *illusions*, perhaps to assist the adolescent cope with the travail of separation-individuation (Blos, Rothstein, Blanck & Blanck, Sarnoff). A second tradition views narcissism more positively as the cutting edge of the growing, creative self (Kohut, Winnicott). Although theoreticians often insist that narcissism is not pathological per se, most of the extant theory has focused on its role in self pathology and narcissistic personality disorder. Furthermore, most of the empirical research has not focused on adolescents at all, but rather with samples of young adults, or with clinical samples. Hence, although narcissism is often said to be a common feature of adolescence, empirical studies of adolescent narcissism, and its

consequences for mental health, are vanishingly rare. The present study is the first to examine the "two faces" of narcissism in a large sample of adolescents. Narcissism was assessed with the Narcissistic Personality Inventory, which consists of seven first-order components that appear to be differentially related to adjustment in samples of young adults (e.g., Emmons, 1987; Raskin, Novacek & Hogan, 1991; Watson & Morris, 1990). Mental health outcomes are assessed with standard measures of internalizing (depression, suicidal ideation) and externalizing (delinquent risk-taking, substance use) symptoms, by global and multidimensional assessments of self-worth, and by measures of mastery & coping and superior adjustment. Finally, the relation of the two forms of narcissism to school participation, school structure and academic performance is also assessed.

Method

Subjects

Participants included 94 sixth-graders, 223 eighth-graders, 142 tenth-graders and 102 twelfth-graders, for a total of 561 adolescents. The number of males and females were roughly comparable within each grade.

Instruments and Procedure

Narcissism. The Narcissistic Personality Inventory (NPI) consists of 40 pairs of statements. Participants are required to pick the one statement from within each pair which is most self-descriptive. The NPI can be decomposed into the following 5 factors: *Authority* (dominance, assertiveness, leadership, self-confidence), *Exhibitionism* (exhibitionism, sensation-seeking, lack of impulse control), *Superiority* (capacity for status, social presence, self-confidence, "ego inflation), *Exploitativeness* (rebelliousness, nonconformity, hostility, lack of tolerance or consideration of others), *Vanity* (regarding the self, and being judged by others, as physically attractive. Two additional components (Entitlement , Self-Sufficiency) were dropped because of poor internal consistency.

Internalizing symptoms. Depressive symptomatology was assessed with the Children's Depression Inventory. Suicidal ideation was assessed, following Cole (1989), by relevant items culled from the Suicidal Behavior Questionnaire (SBQ), the Zung Index of Potential Suicide (ZIPS), and the Center for Epidemiological Studies of Depression Scale (CES-D).

Externalizing symptoms. Externalizing symptoms was measured by the delinquent risk-taking battery designed by Rowe (1985; Flannery et al., 1993), which assesses the extent of participation in twenty problematic behaviors (e.g., vandalism, fighting, shoplifting, driving fast, etc.), as well as lifetime usage and frequency of drug/alcohol consumption.

Positive Adjustment. Positive adjustment was assessed by the mastery/coping and superior adjustment subscales from the Self-Image Questionnaire for Young Adolescents (SIQYA), and by Harter's Self-Perception Scale for Children (grades 6 & 8) and for Adolescents (grades 10 and 12). The SPSs provide estimates of global and dimensional self-worth. Note that the SIQYA is keyed such that lower scores indicate greater adjustment.

Results

Reliability. All of the instruments demonstrated adequate internal consistency (coefficient alpha), except as noted above. The reliability coefficient for each measure is reported in Table 1.

Test of Means. The narcissism factors were subjected to a Grade x Gender MANOVA, revealing a significant multivariate grade effect (Pillai = .07, F=2.03, p=.01) that was accounted for grade differences on the Exploitativeness dimension, F (3, 451) = 5.77, p=.001. The Scheffe procedure showed that 8th-, 10th,- and 12th -graders were significantly more exploitative than 6th-graders. There was also a significant multivariate gender effect (Pillai = .11, F = 11.09, p. <.00). Univariate analyses showed that males were more narcissistic than females on the dimensions of Exploitativeness , Authority, Superiority, and Vanity. The multivariate interaction term was not significant.

Additional Grade x Gender tests of means showed significant grade effects for depression, suicidal ideation, superior adjustment, mastery & coping, risk-taking, and drug/alcohol use . Summary information for all significant grade effects is reported in Table 2. Males reported more risk-taking, and showed a better profile of mastery/coping and superior adjustment. At the higher grades 10th- and 12th -grade boys reported better

global self-worth than did girls. Summary information for all significant gender effects is reported in Table 3.

Correlational Analyses. Of principle concern is the relationship among the narcissism scales and the various measure of adjustment and symptomatology. A correlational analysis (partialing age) is reported in Table 4. Regarding the internalizing variables, it is clear that depression is moderately counterindicated by three components of narcissism (superiority, vanity, authority, M_r = -.30). Similarly, superiority is negatively correlated with the three indices of suicidal ideation (M_r = - .22), as is vanity (M_r = - .16). Superiority, Authority and Vanity also show a strong relationship with the two indices of positive adjustment (mastery/coping, superior adjustment---recall that lower scores on these measures indicate better adjustment), as well as the two indices of global self-worth. Whatsmore, superiority is associated with better grades. Hence, these three dimensions of narcissism are clearly associated with positive adaptation. In contrast, the Exploitativeness and Exhibitionism are moderate predictors of risk behaviors (r = .33). Exhibitionism, and to a lesser extent, Exploitativeness, is also a moderate predictor of lifetime drug use and frequency of drug use. Whatsmore, Exhibitionism is also associated with poor academic performance (r = .27, note the direction of scoring). Finally, these latter components of narcissism are largely unrelated to positive dimensions of mental health.

Subsidiary Analyses. The narcissism dimensions were unrelated to two indices of school participation (number of extra-curricular clubs and sports) and to the number of hours at part-time work. The 8th-graders in this sample came from 7-8 and 7-12 schools, which afforded an opportunity to assess the "top dog" phenomena associated with school structure. No significant school structure effects emerged for narcissism, although a number of main effects and interactions emerged with the internalizing and externalizing variables. For example, students in 7-8 schools reported greater mastery /coping and superior adjustment. Eighth-graders in 7-8 schools were less depressed and reported less suicidal ideation than did 8th-graders in 7-12 schools, and they were less depressed than 8th-graders in K-8 schools as well. Whatsmore, 8th-graders in 7-8 schools also reported less activity in delinquent risk behaviors than did 8th-graders in K-8 schools. Means and standard deviations for these significant group differences are reported in Table 5.

Discussion

These results clearly show that adolescent narcissism is a multi-dimensional construct that shows a differential pattern of correlations with indices of adjustment and psychopathology. The "two faces" of narcissism are perhaps most clearly drawn with respect to Superiority and Exhibitionism. Superiority was uniformly related to positive adjustment, self-worth and academic performance, unrelated to the externalizing symptoms, and it counter-indicated the internalizing variables. But even such narcissistic dimensions as Vanity and Authority appeared to contribute to mastery/coping and adjustment, and to counter-indicate depression and suicidal ideation. In contrast, and with few exceptions, Exhibitionism predicted both internalizing and externalizing symptoms and poor grades, and made no contribution to positive adjustment. Exploitativeness also show a consistent negative profile of relationships with indices of mental health.

These results suggest that educators and parents must learn to differentiate the various manifestations of narcissism, for some dimensions appear to mobilize the adaptive capacities of teens, while others are maladaptive and serve other ends. Mirroring the adaptive narcissistic displays of teens (Lapsley & Rice, 1988), or, alternatively, *"going to meet and match the moment of hope"* (Winnicott, 1958/1992, p. 309), may well provide the psychological resources for teens to cope with the challenges of adolescence.

Finally, our subsidiary analysis of the effects of school structure on the adjustment of 8th-graders showed that not all "top dogs" are equal. Eighth-grade students who were "top dogs" in 7-8 junior high school structures showed an overall better profile of adjustment than did eighth-graders who were "top dogs" in a K-8 school structure. It is generally assumed that school transitions should be avoided in early adolescence so as to not compound the normative developmental challenges that face a young person of this age (e.g., puberty, dating). In this respect a K-8 arrangement would seem to have advantages over a 7-8 arrangement, since

the latter involves a school transition from elementary school to a middle or junior high school setting. Yet the present results do not support the common view. Perhaps being a "top dog" in a school populated with children does not sufficiently gratify one's narcissistic needs, or one's aspiration towards greater status, as much as being a "top dog" in a middle school populated with near-age peers. Future research should address this issue more forthrightly.

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Table 1
Instrument Reliabilities

Instrument	*Coefficient alpha*
Narcissistic Personality Inventory	
Authority	.73
Superiority	.52
Vanity	.65
Exploitativeness	.60
Exhibitionism	.55
Self-Image Questionnaire for Young Adolescents	
Mastery & Coping	.76
Superior Adjustment	.70
Self-Perception Profile (6^{th}-8^{th})	.83
Self-Perception Profile (10^{th}-12^{th})	.70
Children's Depression Inventory	.91
Suicidal Ideation (CES-D)	.86
Suicidal Ideation (SBQ)	.85
Suicidal Ideation (ZIPS)	.81
Delinquent Risk Behaviors	.92
Lifetime Substance Usage	.74
Frequency Substance Usage	.73

Table 2

Means and Standard Deviations for Significant Grade Effects

	6th		8th		10th		12th	
	M	SD	M	SD	M	SD	M	SD
Exploitativeness	6.77	1.39	7.32	1.54	7.56	1.49	7.63	1.52
Depression	7.48	7.02	10.5	8.74	11.5	8.45	10.27	9.35
Suicidal Ideation (ZIPS)	4.16	3.01	4.37	2.88	5.00	3.05	3.92	1.96
Superior Adjustment	23.75	7.07	26.70	7.62	27.07	7.22	28.63	7.71
Risk Behaviors	27.94	8.19	31.08	10.87	30.52	9.16	33.71	10.52
Drug Use	1.19	.27	1.57	.58	1.85	.66	1.99	.55
Drug Frequency	1.16	.24	1.47	.57	1.65	.56	1.72	.47

Note. Post-hoc analysis (Scheffe) revealed the sources(s) of the significant grade effect: 8th-, 10th- and 12th-graders were significantly more exploitative than 6th-graders; 10th- and 12th-graders reported a greater frequency of drug use than did 6th-graders, and 12th-graders more than 8th-graders; 10th - and 12th-graders reported more lifetime drug usage than d id 6th-and 8th-graders; 8th- and 10th-graders reported more depressive symptoms than 12th-graders, and 10th-graders reported more suicidal ideation than 12th-graders; 6th-graders reported better superior adjustment than did 8th-10th- and 12th-graders

Table 3

Means and Standard Deviations for Significant Gender Effects

	Males		Females	
	Mean	SD	Mean	SD
Exploitativeness	7.55	1.54	7.21	1.4
Authority	12.83	2.14	11.76	2.32
Superiority	7.52	1.40	7.06	1.39
Vanity	4.43	1.05	3.84	1.01
Delinquent Risk Behaviors	34.44	11.67	27.69	6.98
Mastery/Coping	22.82	7.51	26.01	7.89
Self-Worth (10th-12th)	14.73	2.89	13.39	2.85
Depression	8.89	8.20	11.67	8.75
Suicidal Ideation (ZIPS)	4.01	2.57	4.89	3.02
Suicidal Ideation (SBQ)	1.27	2.37	2.37	2.83
Suicidal Ideation (CES-D)	0.67	1.73	1.34	2.12

Table 4

Bivariate Correlations Among Components of Narcissism and Indices of Mental Health and Adjustment

	Components of Narcissism				
	Vanity	Exploit	Exhibitionism	Superiority	Authority
Adjustment Indices					
Mastery/Coping	-.24	-.19	-.05	-.36	-.41
Behavior Adjustment	-.21	-.19	-.00	-.42	-.46
Self-Worth (6^{th}-8^{th})	.26	.05	-.01	.45	.35
Self-Worth (10^{th}-12^{th})	.37	.15	.07	.45	.33
Grades	.05	.14	.27	-.24	-.03
Internalizing Symptoms					
Depression	-.26	-.01	-.01	-.38	-.25
Suicidal Ideation (SBQ)	-.15	.05	.05	-.21	-.07
Suicidal Ideation (CES-D)	-.22	-.00	-.00	-.27	-.10
Suicidal Ideation ((ZIPS)	-.11	.06	-.11	-.17	-.06
Externalizing Symptoms					
Risk Behaviors	.12	.33	.33	-.02	.23
Drug Frequency	.04	.13	.31	-.09	.07
Drug Use	-.01	.22	.33	-.04	.12

Note. The variable *Grades* is scored: 1=*mostly A's* to 8=*mostly D's and F's*

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Table 5

Means and Standard Deviations for Significant Differences Between 8th-Grade School Structures on Measures of Adjustment

Indices of Adjustment	*School Structure*		
Superior Adjustment	K-8	7-8	7-12
Mean	29.17	24.98	27.51
SD	8.28	6.77	7.86
N	40	96	81
Mastery/Coping			
Mean	27.27	22.18	25.19
SD	10.25	6.95	8.71
N	41	97	81
Risk Behaviors			
Mean	34.59	28.71	32.17
SD	13.22	9.41	10.60
N	42	97	75
Depression			
Mean	13.14	7.76	12.17
SD	10.98	6.20	9.16
N	36	82	78
Suicidal Ideation			
Mean	1.68	1.21	2.38
SD	2.44	2.37	3.05
N	41	97	81